

<i>SERFF Tracking Number:</i>	<i>AOIC-125773447</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>WCP-AR-99-08/25/2008-01</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>Terrorism and Catastrophe/WCP-AR-99-08/25/2008-01</i>		

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Workers Compensation

SERFF Tr Num: AOIC-125773447

State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WCP-AR-99-08/25/2008-01

State Status: Fees verified and received

Filing Type: Rate/Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Jennifer Smith, Megan Shaff, Debbie Garofalo, James Godair

Disposition Date: 08/26/2008

Date Submitted: 08/26/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Terrorism and Catastrophe

Status of Filing in Domicile: Not Filed

Project Number: WCP-AR-99-08/25/2008-01

Domicile Status Comments: Not Applicable

Reference Organization: NCCI

Reference Number: Item Filing # B-1407

Reference Title: Catastrophe Provisions Misc. Values, Rules and Forms Advisory Org. Circular: CIF-2008-05

Filing Status Changed: 08/26/2008

State Status Changed: 08/26/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Auto-Owners Insurance Company of Lansing, Michigan and Owners Insurance Company of Lima, Ohio submit the following workers compensation filing. We are filing to adopt the NCCI Item # B-1407 effective September 1, 2008.

Company and Contact

SERFF Tracking Number:	AOIC-125773447	State:	Arkansas
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Project Name/Number:	Terrorism and Catastrophe/WCP-AR-99-08/25/2008-01		

Filing Contact Information

Jennifer Smith, Assistant Manager	smith.jennifer.l@aoins.com
P.O. Box 30660	(800) 346-0346 [Phone]
Lansing, MI 48909-8160	(517) 323-8796[FAX]

Filing Company Information

Auto-Owners Insurance Company	CoCode: 18988	State of Domicile: Michigan
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-0315280	

Owners Insurance Company	CoCode: 32700	State of Domicile: Ohio
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 34-1172650	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	Filing to adopt an advisory organization's item filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$25.00	08/26/2008	22136655
Owners Insurance Company	\$0.00	08/26/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/26/2008	08/26/2008

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Disposition

Disposition Date: 08/26/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment: All workers' compensation filings in Arkansas are prior approval with a 30 day waiting period. The Commissioner may waive any part of the waiting period. Please submit all future filings at least 30 days prior to the requested effective date.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	Auto-Owners Miscellaneous Values	Approved	Yes
Rate	Owners Miscellaneous Values	Approved	Yes

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	AOIC-125773447	State:	Arkansas
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Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:	
Approved	Auto-Owners Miscellaneous Values	AOAKZ021	Replacement	AOAKZ018	AOAKZ021.pdf
Approved	Owners Miscellaneous Values	AOAKZ022	Replacement	AOAKZ020	AOAKZ022.pdf

Auto-Owners**WORKER'S COMPENSATION
MISCELLANEOUS VALUES****Arkansas**[Basis of Premium](#)[Expense Constant](#)[Terrorism Risk Insurance Act](#)[Premium Discount Percentages](#)[Maximum Payroll](#)[Minimum Payroll](#)[Premium Determination for Partners and Sole Proprietors](#)[United States Longshore and Harbor Workers](#)[Compensation Coverage Package](#)[Experience Rating Eligibility](#)**BASIS OF PREMIUM**

Applicable in accordance with the footnote instructions for Code:

7370 (Taxicab Co.):

Employee operated vehicles

\$48,893

Leased or rented vehicles

\$32,595

7420 (Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew):

Maximum payroll per week per employee

\$750

EXPENSE CONSTANT

Applicable in accordance with Basic Manual Rule 3-A-11.

\$170

TERRORISM

\$0.02 per total payroll/100

CATASTROPHE (OTHER THAN CERTIFIED ACTS OF TERRORISM)

\$0.02 per total payroll/100

PREMIUM DISCOUNT PERCENTAGES

See Basic Manual Rule 3-A-19. The following premium discounts are applicable to Standard Premiums:

First	\$5,000	None
Next	\$95,000	3.5%
Next	\$400,000	5.0%
Over	\$500,000	7.0%

MAXIMUM PAYROLL

Applicable in accordance with Basic Manual Rule 2-E-1 - "Executive Officers" and the footnote instructions for Code 9178 - "Athletic Team: Non-Contact Sports", Code 9179 - "Athletic Team: Contact Sports", and Code 9186 - "Carnival - Traveling"

\$2,500

[Back to Top](#)**PER PASSENGER SEAT SURCHARGE**

In accordance with the footnote instructions for Classification Code 7421 the

surcharge is

\$100 per passenger seat
\$1000 maximum surcharge per aircraft

MINIMUM PAYROLL

Applicable in accordance with Basic Manual Rule 2-E-1 - "Executive Officers".

\$300

PREMIUM DETERMINATION FOR PARTNERS, SOLE PROPRIETORS AND MEMBERS OF LIMITED LIABILITY COMPANIES

Applicable in accordance with the Basic Manual Rule 2-E-3.

\$31,900

UNITED STATES LONGSHORE AND HARBOR WORKERS COMPENSATION COVERAGE PERCENTAGE

Applicable only in connection with Rule 3-A-4 "U.S. Longshore and Harbor Workers' Compensation Act" of the Basic Manual.

86%

(Multiply a Non "F" classification rate by a factor of 1.86 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for the difference in state and federal benefits (1.67) and the difference in state and federal loss-based expenses (1.116).)

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EXPERIENCE RATING ELIGIBILITY

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or the last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the Experience Rating Plan Manual should be referenced for the latest approved eligibility amounts by state.

Advisory Loss Elimination Ratios - The following percentages are applicable by deductible amount and Hazard group on a per claim basis:

TOTAL LOSSES

Deductible Amount	Hazard Group			
	I	II	III	IV
\$1,000	7.0%	5.4%	3.4%	2.1%
1,500	8.6%	6.7%	4.3%	2.6%
2,000	9.9%	7.7%	5.0%	3.2%
2,500	11.0%	8.6%	5.6%	3.6%
3,000	12.0%	9.5%	6.3%	4.0%
3,500	12.9%	10.3%	6.8%	4.4%
4,000	13.7%	11.0%	7.4%	4.8%
4,500	14.4%	11.6%	7.8%	5.1%
5,000	15.2%	12.3%	8.3%	5.4%

INDEMNITY LOSSES

Deductible Amount	Hazard Group			
	I	II	III	IV
\$1,000	1.4%	1.2%	0.9%	0.6%
1,500	2.0%	1.7%	1.3%	0.9%
2,000	2.5%	2.1%	1.7%	1.2%
2,500	3.0%	2.5%	1.9%	1.4%
3,000	3.4%	2.9%	2.3%	1.5%
3,500	3.8%	3.3%	2.5%	1.7%
4,000	4.1%	3.6%	2.8%	1.9%

4,500	4.5%	3.9%	3.0%	2.1%
5,000	4.8%	4.2%	3.2%	2.3%

MEDICAL LOSSES

Deductible Amount	<u>Hazard Group</u>			
	I	II	III	IV
\$1,000	6.8%	5.2%	3.2%	1.9%
1,500	8.3%	6.4%	4.0%	2.4%
2,000	9.3%	7.3%	4.6%	2.9%
2,500	10.3%	8.1%	5.2%	3.2%
3,000	11.0%	8.7%	5.6%	3.5%
3,500	11.7%	9.3%	6.1%	3.9%
4,000	12.4%	9.9%	6.4%	4.1%
4,500	13.0%	10.3%	6.8%	4.4%
5,000	13.5%	10.8%	7.2%	4.6%

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For Auto-Owners Rates, please refer to {{AR OIC WC Rates}}.

Owners

**WORKER'S COMPENSATION
MISCELLANEOUS VALUES**

Arkansas

[Basis of Premium](#)
[Expense Constant](#)
[Terrorism Risk Insurance Act](#)
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Next	\$400,000	12.6%
Over	\$500,000	14.4%

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INDEMNITY LOSSES

Deductible Amount	Hazard Group			
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\$1,000	1.4%	1.2%	0.9%	0.6%
1,500	2.0%	1.7%	1.3%	0.9%
2,000	2.5%	2.1%	1.7%	1.2%
2,500	3.0%	2.5%	1.9%	1.4%
3,000	3.4%	2.9%	2.3%	1.5%
3,500	3.8%	3.3%	2.5%	1.7%
4,000	4.1%	3.6%	2.8%	1.9%
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2,500	10.3%	8.1%	5.2%	3.2%
3,000	11.0%	8.7%	5.6%	3.5%
3,500	11.7%	9.3%	6.1%	3.9%
4,000	12.4%	9.9%	6.4%	4.1%
4,500	13.0%	10.3%	6.8%	4.4%
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Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	08/26/2008
Bypass Reason:	Informational filing only.			
Comments:				
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	08/26/2008
Bypass Reason:	Informational filing only.			
Comments:				
Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	08/26/2008
Bypass Reason:	Informational filing only.			
Comments:				